

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013
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<010> Study Area Code	250285
<015> Study Area Name	CASTLEBERRY TEL CO
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Homer Holland
<035> Contact Telephone Number: Number of the person identified in data line <030>	2519662115 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	homer@cbtelco.com
Form Type	54.313 and 54.422

Received & Inspected

JUN 30 2016

FCC Mailroom

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(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code

250285

<015> Study Area Name

CASTLEBERRY TEL CO

<020> Program Year

2017

<030> Contact Name - Person USAC should contact regarding this data

Homer Holland

<035> Contact Telephone Number - Number of person identified in data line <030>

2519662115 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

homer@cbtelco.com

<110> Has your company received its ETC certification from the FCC?

if your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC?

(yes / no) ☐ ☒

(yes / no) ☐ ☐

if your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

250285a1112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Not Applicable
Yes
Yes
Yes
Yes
Not Applicable

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<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

<210> For the prior calendar year, were there any reportable voice service outages?

[illegible]

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**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code

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<015> Study Area Name

CASTLEBERRY TEL CO

<020> Program Year

2017

<030> Contact Name - Person USAC should contact regarding this data

Homer Holland

<035> Contact Telephone Number - Number of person identified in data line <030>

2519662115 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

homer@cbtelco.com

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

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(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2539662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	250285a1510.pdf

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(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	250285
<015> Study Area Name	CASTLEBERRY TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Homer Holland
<035> Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com
<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	250285a1610.pdf

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(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEVIEW
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Homez
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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**(710) Broadband Price Offerings
Data Collection Form**

FCC Form 481
OMB Control No.
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Homert Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homert@cstelco.com

[illegible]

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<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com
<810>	Reporting Carrier	Castleberry Telephone Company
<811>	Holding Company	Castleberry Communications
<812>	Operating Company	Castleberry Telephone Company

[illegible]

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(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtel.co.com

<900> Does the filing entity offer tribal land services? (Y/N)

No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbco1co.com

<1000>

Voice services rate comparability certification

Yes

<1010>

Attach detailed description for voice services rate comparability compliance

250285a11010.pdf

Name of Attached Document

<1020>

Broadband comparability certification

No

<1030>

Attach detailed description for broadband comparability compliance

250285a11030.pdf

Name of Attached Document

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**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<015>	Study Area Name	CASTLEBERRY TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtel.co.com

250285a11210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

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(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code

250285

<015> Study Area Name

CASTLEBERRY TEL CO

<020> Program Year

2017

<030> Contact Name - Person USAC should contact regarding this data

Homer Holland

<035> Contact Telephone Number - Number of person identified in data line <030>

2519662115 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

homer@cbtel.co.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1

2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1

2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

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(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Date-of-Retirement Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 483

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	No - Attach Explanation
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Yes - Attach New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input checked="" type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input checked="" type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input checked="" type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

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(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

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<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service (TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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Name of Attached Document Listing Required Information

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

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<039> Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: CASTLEBERRY TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/24/2016
Printed name of Authorized Officer: Homer Holland	
Title or position of Authorized Officer: Secretary Treasurer	
Telephone number of Authorized Officer: 2519662110 ext.	
Study Area Code of Reporting Carrier: 250285	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<039> Contact Email Address - Email Address of person identified in data line <030>	homer@cstelco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/24/2016
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3050-0819
July 2013

250285

CASTLEBERRY TEL CO

2017

Homer Holland

2519662115 ext.

homer@cbtelco.com

1/1/2016

<703>

[illegible]

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

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Castleberry Telephone Company, Inc.

54.313 Compliance Report

Progress Report For The Year Ending 12/31/2015

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Response to Line 510

Pursuant to 47 C.F.R. § 54.313(a)(5) and 47 C.F.R. § 54.422(b)(3), Castleberry Telephone Company, Inc. certifies that it is in compliance with applicable service quality standards and consumer protection rules, including those rules governing the treatment of Customer Proprietary Network Information ("CPNI") and the Red Flag rules. Castleberry Telephone Company, Inc. provides Red Flag and CPNI training to all new employees and conducts annual reviews regarding Red Flag and CPNI procedures for all existing employees. All company employees are required to acknowledge that they have completed CPNI and Red Flag training and understand their obligations regarding adherence to these rules. Castleberry Telephone Company, Inc. requires all customers to sign up for service in person. At that time they are informed that Castleberry Telephone Company, Inc. cannot disclose any information without a government issued picture ID. If a customer is contacting Castleberry Telephone Company, Inc. by phone, they must be an authorized customer on that account and have the PIN number on the bill. This information is also printed in the phone directory.

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Response to Line 610

47 CFR 54.202(a)(2) provides that, to be designated as an ETC, a carrier must demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4), as set forth in 47 C.F.R. § 54.202(a)(2), Castleberry Telephone Company, Inc. meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Castleberry Telephone Company, Inc.'s central office by a 56 kilowatt LP powered generator with fuel to run for 3 days (tanks can be refilled) and battery plant capable of powering the central office for over 8 hours. Castleberry Telephone Company, Inc.'s remote digital concentrators and field gear have emergency stand-alone capabilities as well as portable generators that allow for customers to continue to receive dial tone during any emergency outages. Castleberry Telephone Company, Inc. also has multiple fibers to each remote digital concentrator in its network and further has the capabilities to reroute traffic should its facilities become damaged. Castleberry Telephone Company, Inc. is prepared and capable of managing traffic spikes resulting from emergency situations. Castleberry Telephone Company, Inc. has developed internal emergency procedures to properly respond to emergency situations as they arise.

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Castleberry Telephone Company, Inc. (SAC – 250285)
Demonstration of Complying with Voice Services Comparability

Castleberry Telephone Company hereby certifies that its fixed voice service is no more than two standard deviations above the national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10). The Company has a fixed voice service rate of \$16.30 which is far less than the national average monthly rate of \$41.07.

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Castleberry Telephone Company, Inc. (SAC – 250285)
Demonstration of Complying with Broad Services Comparability

Castleberry Telephone Company hereby certifies that its broadband service is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(12). However, the Company is only able to offer broadband service with 10 Mbps download and .800 Mbps upload speed at this time. The broadband service does come with unlimited use at a rate of \$59.99, which is less than the benchmark rate of \$75.20 for a 10/1 service.

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4-6

CASTLEBERRY TELEPHONE CO., INC.

P. O. BOX 37
CASTLEBERRY, ALABAMA 36432
PHONE 966-2110

9-25-13

Rates: Local rate is \$16.30, Federal Lifeline discount is \$9.25
See below terms, which are posted in company lobby. As
listed below, no toll service is offered through Castleberry
Telephone Company.

Line 1210 We have to choose option 1.
Local calling is not metered.
We do not have ETS. We do not sell long distance service.
Our customers must contract IXC's, and select long distance
plans they offer.

Attached
5-6/6-6

- We require anyone applying for Lifeline service to present
- a pictured government issued ID
 - answer all questions on the application
 - sign the application
 - present proof of the benefit claimed (documentation)

If the applicant is handicapped or bed ridden, and can not
apply in person I will go to the premises to verify.

* Certification provided by Wilkerson & Bryan dated
June 1, 2012. Copy probably available in electronic format
from them.

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LIFELINE RATE ASSISTANCE CERTIFICATION

Assigned Telephone Number: _____

Assigned Customer/Member/Account Number: _____

ELIGIBILITY FOR LIFELINE ASSISTANCE IN ALABAMA IS DEPENDENT UPON MEETING **EITHER** THE INCOME-BASED REQUIREMENT **OR** THE PROGRAM-BASED REQUIREMENT LISTED BELOW.

1. _____ I hereby certify that my annual household income is at or below 135% of the Federal Poverty Guidelines for a household of its size.
I understand that a "household" may be a single individual; a household may also be a group of people who are living together at the same address who are contributing to and sharing in the household's income and expenses. A household may include related and unrelated persons.
I certify that there are presently _____ members in my household, including me.
I have provided a copy of the following documentation in support of my statements regarding the amount of my annual household income:

Reviewed by: _____

2. I hereby certify that I, my dependent who lives in my household or another resident of my household for whom I am financially responsible participate(s) in:
- _____ Medicaid
 - _____ Supplemental Nutrition Assistance Program (SNAP)
 - _____ Supplemental Security Income (SSI)
 - _____ Section 8 Federal Public Housing Assistance (FPHA)
 - _____ Low Income Home Energy Assistance Program (LIHEAP)
 - _____ Temporary Assistance for Needy Families (TANF)
 - _____ National School Lunch Program's Free Lunch Program

I have provided a copy of the following documentation in support of my statements regarding participation in one or more of the above-listed assistance programs:

Reviewed by: _____**PENALTY OF PERJURY**

Under Title 18 U.S.C. §1621, whoever will state as true any material matter which he does not believe to be true in a statement under penalty of perjury, is guilty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both.

I certify under penalty of perjury that:

I understand that Lifeline Assistance is a federal government benefit program and that providing false or fraudulent documentation in order to receive government assistance is punishable by fine or imprisonment or may cause me to be barred from the program.

I certify that my household is not receiving more than one Lifeline-supported service, and I have not enrolled with any other company to receive Lifeline Assistance. I understand that Lifeline Assistance is only available for one telephone or wireless (cellular) line per household. I also certify that:

- (A) My phone service is listed in my name.
- (B) I use this phone service as my primary line, and it is not a second line or a business line.
- (C) I understand I cannot receive Lifeline discounts on multiple Company accounts at the same time.
- (D) The address listed is my primary residence and is not a second home or business.

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I certify that, to the best of my knowledge, no one at my household is already receiving Lifeline Assistance from any other telephone or wireless (cellular) provider. I understand that the violation of this "one-per-household" rule is a violation of the rules of the Federal Communications Commission and will result in my de-enrollment from the Lifeline Assistance program and possible prosecution by the United States government.

I will notify the Company within thirty (30) days if I move and will provide my new address. I understand that a Post Office Box can not be used for my permanent residential address. If I have provided a temporary residential address to the Company, I will re-verify my address every ninety (90) days.

I will notify the Company within thirty (30) days if (1) I or the qualifying resident of my household no longer participate in the government assistance program(s) that qualify me for Lifeline Assistance; (2) my annual household income exceeds 135% of the Federal Poverty Guidelines; or (3) I no longer qualify to receive Lifeline Assistance for any other reason. I certify that I understand this notification requirement and that I may be subject to penalties for failure to follow this requirement.

I understand that it is a violation of federal law to rent, sell or give away Lifeline Service, and I certify that I will not transfer my service to any other individual, including any person who may be eligible for Lifeline Assistance.

I understand that I may be required to re-certify my continued eligibility for Lifeline Assistance at any time. Failure to re-certify my eligibility will result in termination of my Lifeline benefits.

I understand that the personal information on this form will be provided to the Universal Service Administrative Company (USAC), which is responsible for administering the Lifeline program, and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit, and I hereby consent to the release of that information to USAC. I understand that I will be denied Lifeline Assistance if I do not agree to the release of this information. In the event that USAC finds that my household is receiving more than one Lifeline benefit, in addition to any penalties that may be imposed, I will be required to select one service and be de-enrolled from the other.

I authorize the Company or its duly appointed representative(s) to: 1) access any records contained in any governmental or commercial database to verify my statements herein; 2) confirm my eligibility and/or continued eligibility for Lifeline Assistance; 3) validate, confirm or update my address; and 4) authorize representatives of the listed programs to discuss with and/or provide copies of such records to the Company to verify my income level or my participation in at least one of the above programs and my eligibility for Lifeline Assistance.

I understand that if I do not purchase toll limitation service at the time of signing up for Lifeline Assistance, the Company will require a service deposit consistent with its current practice.

CHECK THAT YOU HAVE READ AND AGREE TO EACH OF THE STATEMENTS ABOVE.

APPLICANT'S FULL NAME: _____

APPLICANT'S PERMANENT ADDRESS: _____

APPLICANT'S BILLING ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBER WHERE APPLICANT MAY BE

REACHED OR RECEIVE MESSAGES: _____

APPLICANT'S DATE OF BIRTH: _____

APPLICANT'S SOCIAL SECURITY NUMBER (LAST 4 DIGITS): _____

I hereby certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief. I have read the information on the Certification and understand that I must meet the above qualifications to receive assistance from the Lifeline Assistance program.

APPLICANT'S SIGNATURE: _____ DATED: _____

**Castleberry Telephone (SAC – 250285) Milestone
Certification**

Castleberry Telephone feels that it has taken reasonable steps as required in 47 C.F.R. § 54.313(f)(1)(i), to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time. However the Company is unable to certify, that it has met these speed obligations as it can only provide upload speeds of .800 Mbps. The Company is able to offer download speeds of 10 Mbps.

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**Castleberry Telephone (SAC – 250285) Community
Anchor Institutions**

As required in 47 C.F.R. § 54.313(f)(1)(ii), Castleberry Telephone hereby certifies that there were no new community anchor institutions to which the Company began providing access to broadband services in the preceding calendar year. The reason there are no newly served community anchor institutions is because they were already being served.

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**CASTLEBERRY TELEPHONE
COMPANY, INC.**

MARCH 31, 2016

FINANCIAL STATEMENTS

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CASTLEBERRY TELEPHONE COMPANY, INC.
CASTLEBERRY, ALABAMA

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INDEPENDENT ACCOUNTANT'S REVIEW REPORT

The Board of Directors
Castleberry Telephone Company, Inc.
Castleberry, Alabama

We have reviewed the accompanying financial statements of Castleberry Telephone Company, Inc. (the Company), which comprise the balance sheets as of March 31, 2016 and 2015, and the related statements of income and retained earnings, other comprehensive income, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountant's Conclusion

Based on our review, except for the issue noted in the Known Departure From Accounting Principles Generally Accepted in the United States of America paragraph, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

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Known Departure From Accounting Principles Generally Accepted in the United States of America

The Company's management has elected to report as assets affiliate receivables which do not meet the definition of an asset. The affiliate receivables should be reported as a component of stockholders' equity. The current classification is a departure from accounting principles generally accepted in the United States of America.

Jackson Sherenton & Co. PC

Montgomery, Alabama
June 1, 2016

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Castleberry Telephone Company, Inc.

Balance Sheets At March 31, 2016 and 2015

Assets

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Castleberry Telephone Company, Inc.

Balance Sheets

Liabilities and Stockholders' Equity

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Castleberry Telephone Company, Inc.

Statements Of Income and Retained Earnings

For the Years Ended March 31, 2016 and 2015

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Castleberry Telephone Company, Inc.

Statements Of Other Comprehensive Income

For The Years Ended March 31, 2016 and 2015

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Castleberry Telephone Company, Inc.

Statement Of Cash Flows

For The Years Ended March 31, 2016 and 2015
Increase (Decrease) In Cash and Cash Equivalents

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Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2016 and 2015

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Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2016 and 2015

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2016 and 2015

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2016 and 2015

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2016 and 2015

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2016 and 2015

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